



Behavioral Health Rehabilitation

ODMHSAS and OHCA
Reimbursable Services

Behavioral Health Rehabilitation (BHR) Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model

Eligibility

- The individual must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must meet eligibility requirements for rehab.
- If billing under a SoonerCare contract, the individual must have SoonerCare eligibility.

Eligibility- Adults

- Must have a history of psychiatric hospitalization or admissions to crisis centers
- Determined to be disabled by the SSA for mental health reasons
- Residing in a residential care facility or receiving services through a specialty court program.

Eligibility-Children

- History of psychiatric hospitalizations or admissions to crisis centers
- Have been determined disabled by the SSA for mental health reasons
- Has a current IEP or 504 Plan for Emotional Disturbance
- Been evaluated by a school psychologist, licensed psychologist/psychiatrist and deemed “At Risk” per the PA Manual

Eligibility

- If billing ODMHSAS, the individual must be receiving services at an ODMHSAS contracted agency and have Mental Health and Substance Abuse in the member eligibility file in the system.
- Being certified by ODMHSAS, and having a contract with ODMHSAS are two separate things. A contract means that your agency receives funding from ODMHSAS.

Prior Authorization

- There must be an active Prior Authorization (PA) for the period of time during which the BHR service is provided.
- Getting electronic permission for a person to receive services prior to performing a service.

- Individual must have an active Service Plan with BHR treatment objectives
- BHR service provided must be related to the plan unless the services is provided in pre admit status (CDC-21)
- The service(s) provided must include only those service functions that are allowable under BHR, and should be documented in a progress note accordingly

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

[illegible]

Pre Admit

- CDC Service Type 21 submitted in PICIS
- A start date is issued
- Good for 90 days (Can request an extension online)
 1. Initial Assessment
 2. Service Plan Development
 3. End when prior authorization is accepted
 4. Limited to 1 per client per agency (unless no services for 6 months)

Staff Providing BHR

The staff providing BHR must have the required credentials

What Staff Can Provide Basic BHR Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC)
- Behavioral Health Case Manager II (Certification issued July 1, 2013 or after)
- All license and certifications must be **CURRENT**

What Staff Can Provide Specialty BHR Services?

- ODMHSAS General Psychiatric Rehabilitation Model (PSR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of orientation in the PSR model
- ODMHSAS Illness Management and Recovery (IMR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of ODMHSAS facilitated training on IMR for PSR programs

Who Can Receive BHR Services?

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)
- Children with other emotional or behavioral disorders.

Who is Excluded from Receiving BHR Services?

- An individual, who at the time of service, is not able to cognitively benefit
- Children under the age of 6, unless prior authorization for children ages 4 & 5 has been granted

Who is Excluded from Receiving BHR Services?

- Residents of ICF/IID facilities
- Individuals residing in nursing facilities
- Individuals residing in inpatient hospitals or IMDs
- Inmates of public institutions
- Children receiving Residential Behavioral Management Services in a group home or therapeutic foster home

Service Functions **NOT** Allowed Under BHR

- Counseling/Psychotherapy
- Mentoring
- Discussion/Process based groups (including support groups, AA)
- Discussion/Process based individual services

Service Functions **NOT** Allowed Under BHR

- Academic education/tutoring
- Social/Recreation
- Custodial Care/Day Care (just observing and only intervening if something happens)
- Family education (without the client present)

Service Functions **NOT** Allowed Under BHR

- Room and board
- Supported employment
- Respite
- Travel time

Allowable Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model

Monthly Service Limits

- There are **monthly rehabilitation limits** for outpatient service levels that apply for both ODMHSAS and OHCA. Group and/or individual rehabilitation services provided in combination may not exceed the following:
 - **Level 1 – 32 Units Per Month (8 hours)**
 - **Level 2 – 48 Units Per Month (12 Hours)**
 - **Level 3 – 64 Units Per Month (16 Hours)**
 - **Level 4 – No Limit**

OHCA Daily Limits

- In addition to monthly rehabilitation limits, OHCA also has daily rehabilitation limits:
 - **Group Rehabilitation**- maximum of 24 units per day for adults, and 16 units per day for children (6 hours for adults, 4 Hours for children)
 - **Individual Rehabilitation**- maximum of 6 units per day (1 hour 30 Min)

Service Plan

The individual must have an **active service plan with BHR treatment objectives**, and the **BHR service provided is related to the plan**. (unless providing CM services under a CDC 21: Pre-Admission array)

1. **Dates**
2. **Signatures of all people involved**
3. **Correct dates on objectives.**

Progress Note

BHR services shall be documented in a progress note

Progress Note Considerations for BHR

- BHR progress notes must relate to the Service Plan
- The BHR intervention should be clearly reflected in the progress note
- BHR progress notes must include the name of the curriculum used
- If working in PSR progress notes may take the form of a daily summary or weekly summary note

Progress Note

- 1) date;
- (2) person to whom services are rendered;
- (3) start and stop times for each service;
- (4) original signature of the service provider
- (5) credentials of the service provider;
- (6) specific service plan needs, goals
and/or objectives addressed;

Progress Note

(7) specific activities performed by the case manager on behalf of the member related to , goals and/or objectives;

(8) progress or barriers made towards goals and/or objectives;

(9) member (family when applicable) response to the service;

(10) any new service plan needs, goals, and/or objectives identified during the service; and

(11) member satisfaction with staff intervention.

Other Documentation Requirements

- A list/log/sign-in sheet reflecting participants and facilitating rehab clinician, must be maintained for each group rehabilitation session

ARC/ PICIS

www.odmhsas.org/arc.htm

ARC

1. ok.gov/odmhsas
2. CDC Data Entry System (PICIS)
3. Documents

Questions